

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.



Instructions

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 12.16.99

L. Chapman
✓ # 1003
1000
(C.50)

1991627

NAME FREEMAN JOHN J.
Last First MI

2. BUSINESS PHONE 318-872-5891

3. BUSINESS ADDRESS 900 WASHINGTON AVENUE MANSFIELD, LA 71052
Street and No. City State Zip

MAILING ADDRESS SAME
Street and No. City State Zip

4. EMPLOYER CLECO CORPORATION

5. EMPLOYER'S ADDRESS 2030 DONAHUE FERRY ROAD, PINNACLE, LA 71361
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes xx No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name JOHN L. FREEMAN

Address 900 WASHINGTON AVENUE, MANSFIELD, LA 71052

Business or purpose CLECO CORPORATION

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of DECEMBER 31, 1999

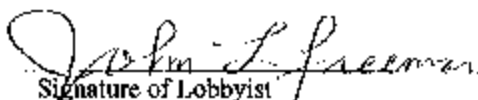
SUPPLEMENTAL REGISTRATION FORM



2. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____
3. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist